



UTAH INTERPRETER PROGRAM

TEMPORARY MENTORED PERMIT / MONTHLY TRACKING REPORT

Minimum 12 hours monthly mentored hours
Minimum 15 hours workshops every six (6) months

To comply with the terms of your Mentored Temporary Permit, this form must be submitted to UIP **by the 5th of the following month**. Failure to meet this requirement will result in the revocation of your permit.

Please print!

Name: _____ Month: _____

Name of Mentor(s): _____

Phone number(s): _____

Mentored Requirements

1. Mentor-approved activities and hours completed during the past month (must include details and hours):

Brief explanation: _____ / _____ **Hours**

Brief explanation: _____ / _____ **Hours**

Brief explanation: _____ / _____ **Hours**

2. Total number of mentored hours completed during the past month:

Mentor signature / Total Mentored Hours

Mentor signature / Total Mentored Hours

Workshop Requirements

Workshop(s) attended (must include date, presenter, and hours)

Date _____ **Presenter** _____

Brief explanation: _____ **Hours**

Date _____ **Presenter** _____

Brief explanation: _____ **Hours**

Other information/comments: _____

UIP Interpreter Program
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mjjensen@utah.gov / 801.313.6810 fax

Office Use Only

MH _____

WH _____

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